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2019-338T
288108

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR
OPERATION OF MOTOR VEHICLE CARRIER

Date: ✓ 10/21/2019

CLASS C - CHARTER

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name of Co, Red Carpet Limousine Services LLC
Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

122 Aylesbury Rd Goose Creek S.C. 29445
Street Address of Applicant

Mailing Address of Applicant (if different from street address)

843-437-6896 - 843-986-4786
Phone Fax

Samualdavis1949@gmail.com
Email Address
Samualdavis1949@gmail.com

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

- ☐ Individual Owner/Sole Proprietorship
- ☐ Partnership - List names and addresses of all person having an interest in the business.
- ☒ Corporation - List names and addresses of two principal officers.

Samual And Myra B. Davis
122 Aylesbury Rd.
Goose Creek S.C. 29445

RECEIVED
OCT 25 2019
SC SC
CLERK'S OFFICE

ACCEPTED FOR PROCESSING - 2019 October 28 8:55 AM - SCSPSC - 2019-338-T - Page 1 of 22

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Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

Financial Statement

Applicant's assets and liabilities are as follows:

Assets:

Value of Real Estate

Value of Motor Vehicles

☒ 40,000

Cash on Hand

Cash in Bank

Value of Other Assets and Equipment

Total Assets

☒ 40,000

Liabilities:

Mortgage/Loan on Real Estate

Loans Owed on Motor Vehicles

Business/Other Loans Owed

Other Liabilities or Debts

☒

Total Liabilities

☒

INSTRUCTIONS:

1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

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PROPOSED RATES AND CHARGES FOR SERVICEProposed Rates and Charges:

Per Hr., Trip

\$ 70.00 Per Hour

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.
 You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- | | | | | |
|-------------------------------------|---------------------------------------|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Abbeville | <input type="checkbox"/> Cherokee | <input type="checkbox"/> Florence | <input type="checkbox"/> Lee | <input type="checkbox"/> Saluda |
| <input type="checkbox"/> Aiken | <input type="checkbox"/> Chester | <input type="checkbox"/> Georgetown | <input type="checkbox"/> Lexington | <input type="checkbox"/> Spartanburg |
| <input type="checkbox"/> Allendale | <input type="checkbox"/> Chesterfield | <input type="checkbox"/> Greenville | <input type="checkbox"/> Marion | <input type="checkbox"/> Sumter |
| <input type="checkbox"/> Anderson | <input type="checkbox"/> Clarendon | <input type="checkbox"/> Greenwood | <input type="checkbox"/> Marlboro | <input type="checkbox"/> Union |
| <input type="checkbox"/> Bamberg | <input type="checkbox"/> Colleton | <input type="checkbox"/> Hampton | <input type="checkbox"/> McCormick | <input type="checkbox"/> Williamsburg |
| <input type="checkbox"/> Barnwell | <input type="checkbox"/> Darlington | <input type="checkbox"/> Horry | <input type="checkbox"/> Newberry | <input type="checkbox"/> York |
| <input type="checkbox"/> Beaufort | <input type="checkbox"/> Dillon | <input type="checkbox"/> Jasper | <input type="checkbox"/> Oconee | |
| <input type="checkbox"/> Berkeley | <input type="checkbox"/> Dorchester | <input type="checkbox"/> Kershaw | <input type="checkbox"/> Orangeburg | <input checked="" type="checkbox"/> Statewide |
| <input type="checkbox"/> Calhoun | <input type="checkbox"/> Edgefield | <input type="checkbox"/> Lancaster | <input type="checkbox"/> Pickens | |
| <input type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield | <input type="checkbox"/> Laurens | <input type="checkbox"/> Richland | |

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DESCRIPTION OF EQUIPMENT

You are not required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of seatbelts in the vehicle, including the driver's seatbelt.)

- ☒ 1-7 Passengers, including driver
☐ 8-15 Passengers, including driver

3855/0

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INSURANCE QUOTEThis form **MUST BE COMPLETED.**

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE.

The following insurance quote is for:

Red Carpet Limousine Service LLC, Samuel Davis
Name of Applicant

122 Aylesbury Rd, Goose Creek, S.C. 29445
Address of Applicant

Amount of Premium:**Limits Quoted: (See Below)**

Liability Insurance \$ 5806.00 Limits 100 CSL

The above quoted premium is for a term of 12 months.

Minimum Limits - Intrastate Only:

1-7 Passengers* \$ 25,000/50,000/25,000

* Passengers = Number of seatbelts in the vehicle,
including the driver's seatbelt

8-15 Passengers* \$ 25,000/100,000/25,000

National Indemnity Company
Name of Insurance Company

Nebraska
Home Office Address of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

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Exhibit Fit, Willing, and Able (FWA)

Samuel Davis + Myra^B Davis
Name of Applicant

1. Are there currently any outstanding judgments against the Applicant?

☐ Yes ☒ No

If Yes, list judgements here:

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes ☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes ☐ No

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Exhibit on Driver Qualifications

1. Applicant understands that all drivers must be a minimum of 18 years of age.

☒ Yes☐ No

2. Applicant understands that a certified copy of the driver's three (3) year driving record issued by the SC DMV and such record from the DMV of the state in which the driver is or has been domiciled for such period must be maintained in the Applicant's business office.

☒ Yes☐ No

3. Applicant understands that a criminal history background check from the state where the driver currently lives must be maintained in the Applicant's business office.

☒ Yes☐ No

4. Applicant understands that all drivers operating a vehicle under a Class C Certificate must have in their possession when operating a charter vehicle, a valid driver's license issued by the SC DMV or the current state of residence of the driver.

☒ Yes☐ No

5. Applicant understands that all Class C Certificate holders are prohibited from employing or leasing vehicles to drivers who are registered, or required to be registered, as sex offenders with the South Carolina State Law Enforcement Division or any national registry of sex offenders.

☒ Yes☐ No

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PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 EXECUTIVE CENTER DRIVE, SUITE 100
COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☐ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc.gov to create a My DMS account.
- ☒ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

[Signature]
Applicant's Signature

Owner
Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA)

COUNTY OF Bertie)

SWORN TO BEFORE ME
This 21 day of Oct, 20 19

Linda Lewis

Notary Public

Linda Lewis

Notary Public for South Carolina
My Commission Expires April, 27, 2026

Commission Expires



Print Application

South Carolina Secretary of State

Business Entities Online

File, Search, and Retrieve Documents Electronically

Red carpet limousine service llc

Corporate Information

Entity Type: Limited Liability Company**Status:** Good Standing**Domestic/Foreign:** Domestic**Incorporated South Carolina
State:**

Registered Agent

Agent: Samuel Davis**Address:** 122 Aylesbury rd
Goose Creek , South Carolina 29445

Important Dates

Effective Date 10/24/2019

:

**Expiration N/A
Date:****Term End N/A
Date:****Dissolved N/A
Date:**

Official Documents On File

Filing Type	Filing Date
Articles of Organization	10/24/2019

For filing questions please contact us at 803-734-2158

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NEW BUSINESS QUOTE**Date Quoted: 10/03/2019****JJAMS Submission Number: 1483379****Quote # 1978136 Version # 1 Revision # 1****Insured: RED CARPET LIMOUSINE SERVICE LLC****Johnson & Johnson***The Experience of the Past with a Vision for the Future***Agency: 801324**

THE BAXTER AGENCY

David Clemmons

clemmod1@nationwide.com

Applicant Information:

RED CARPET LIMOUSINE SERVICE LLC

122 AYLESBURY RD

GOOSE CREEK, SC 29445

Underwriter:

MAGGIE SEIGLER

Direct Phone: (843) 577-1433

maggie.seigler@jjins.com

Minimum Earned Premium: 25%**NO FLAT CANCELLATIONS****Term Length: 12 Months****Commission: 10.00%****CARRIER AND PREMIUM DISTRIBUTION****CARRIER(S)****LINE OF BUSINESS****CARRIER**

Commercial Automobile 410 - COLUMBIA INSURANCE COMPANY (ADMITTED) (AN ADMITTED A++ CARRIER)

PREMIUM**COVERAGE PART****PREMIUM WITHOUT TERRORISM**

Commercial Auto \$5,480.00

Total Base Premium \$5,480.00

Total Amount Due \$5,480.00**Please refer to the attached quote letter for additional Terrorism charges and terms.*

THE TERMS AND CONDITIONS OF THIS QUOTATION MAY NOT APPLY WITH THE SPECIFICATIONS SUBMITTED FOR CONSIDERATION. PLEASE READ THIS QUOTE CAREFULLY AND COMPARE IT AGAINST YOUR SPECIFICATIONS.

To bind coverage, please contact the Commercial Transportation Department at 1-800-487-7565 extension 5015. You do not have binding authority on this account and must speak with an underwriter to bind. A BINDER CONFIRMATION WILL BE SENT TO YOU ONCE YOUR REQUEST IS PROCESSED.

BINDING INSTRUCTIONS	UNDERWRITER NOTES
<p>Full premium or JJPF Down Payment and signed finance contract are due at the time of binding.</p> <p>If bound we will need the following within 10 days:</p> <ul style="list-style-type: none"> Completed and signed supplemental application South Carolina Uninsured/Underinsured Selection/Rejection Form 	<p>This quote is based upon the following items. Any changes in these items may change the terms and conditions of this quote.</p> <ul style="list-style-type: none"> Please review the Terms and Conditions per the attached company quote. Acceptable MVR(s) THIS QUOTE IS VALID FOR 30 DAYS. Subject to no losses

This is not an Insurance policy nor an Insurance binder. This quote is an Indication of Insurance premium based on the information provided. This quote is based upon the insurer's agreement to quote and is issued by the undersigned without any liability whatsoever on the insurer. This quote may be withdrawn by the insurer at any time prior to binding.

Account Summary For RED CARPET LIMOUSINE SERVICE
LLC

Quote #: 9785989

Status: Pending

Policy Type: AP

Originally Quoted: 8/15/2019 2:40 PM EDT
 Quote Printed: 10/03/2019 12:22 PM EDT
 Proposed Effective: 10/03/2019 12:00 AM EDT
 Proposed Expiration: 10/03/2020 12:00 AM EDT

Quoted By: Maggie Seigler
 Johnson & Johnson, Inc.
 200 Wingo Way, Ste 200
 Mt. Pleasant, SC 29464
 Phone - (800) 487-7565
 Fax - (843) 577-1511
 maggie.seigler@jjins.com

DOT #: Unknown
 MC #: Unknown

Symbol	Coverage	Limit (\$)	Premium (\$)
7	Liability	75,000 CSL	2,520
7	UM - BIPD	75,000 CSL	480
7	UIM - BIPD	75,000 CSL	480
7	Medical Payments	1,000	126
7	Physical Damage	See Specific Unit	1,773
	Total Ins Value	40,000	
	Add'l Ins'd/Lessor		101
Total			\$5,480.00

Revision: 71SC2019R03

Vehicle Information

NICO-Rate Version: 8.6.0.224

Unit	Liability	UM	UIM	Med Pay	Phys Dam	Cargo/ In-Tow	Al/Lessor	Unit Sub Total
1 2016 MERCEDES BENZ E-CLASS (87959) Comp/Coll \$40,000 Radius: Up to 150 Miles	2,520	480	480	126	1,773	N/A	101	5,480

Deductible: 500/500



Schedule of Forms & Endorsements

CA 0001 (10/2013) Business Auto Coverage Form
CA 0150 (12/2013) South Carolina Changes
CA 2119 (12/2013) South Carolina Uninsured Motorists Coverage
CA 2188 (12/2013) South Carolina Underinsured Motorists Coverage
CA 2402 (10/2013) Public Transportation Autos
CA 9958 (04/2014) South Carolina Auto Medical Payments Coverage
M 3912b (08/2001) Stated Amount Insurance
M 4566a (11/1999) South Carolina Liability Insurance ID Card
M 4572 (12/1994) Schedule of Forms and Endorsements at Policy Inception
M 4600a (04/2003) Commercial Policy Jacket
M 4803 (02/1998) Abuse or Molestation Exclusion
M 4959a (03/2002) Schedule of Covered Autos
M 5332a (12/2009) South Carolina Changes - Cancellation and Nonrenewal
M 5398 (03/2009) South Carolina Important Notice - Uninsured Motorist
M 5479 (04/2010) Towing and Storing Costs
M 5605 (02/2011) Business Auto Coverage Declarations
M 5749 (01/2013) Underinsured Motorists Coverage Amendatory Endorsement



Columbia Insurance Company
National Fire & Marine Insurance Company
National Liability & Fire Insurance Company
National Indemnity Company
National Indemnity Company of the South
National Indemnity Company of Mid-America

Public & Special Types Application

Review the application for accuracy. * denotes information that needs to be completed.

1. Policy Term 10/03/2019 - 10/03/2020
2. Named Insured RED CARPET LIMOUSINE SERVICE LLC
- * 3. DBA _____
4. Entity Type ☐ Individual ☐ Partnership ☒ Corporation ☐ Other _____
- * 5. Business Phone Number (843) 437-0890 Email Address _____
- * 6. Mailing Address 122 Aylesbury Rd Website _____
7. City Goose Creek State SC Zip 29445
- * 8. Premises Address _____
- * 9. City _____ State _____ Zip _____
- * 10. ☐ Yes ☐ No Have you ever had insurance with one of the companies listed above?

Coverages

Liability	\$75,000 Combined Single Limit
Uninsured Motorist	\$75,000 Combined Single Limit
Underinsured Motorist	\$75,000 Combined Single Limit

Medical Payments	\$1,000
------------------	---------

Operations

11. Business Description LIMO SERVICE
- * 12. Vehicle Usage _____
- * 13. ☐ Yes ☐ No New Venture? Years experience _____
- * 14. ☐ Yes ☐ No Is this your primary business? If no, explain _____
15. ☒ Yes ☐ No Is your business for hire/for profit?
- * 16. Gross receipts last year _____ Estimate for coming year _____
17. ☐ Yes ☐ No Do you operate in more than one state? If yes, list states _____
- * 18. What is the largest city entered? _____
- * 19. ☐ Yes ☐ No Is the transportation of people your primary business?
- * 20. ☐ Yes ☐ No Are vehicles leased to drivers?
- * 21. ☐ Yes ☐ No Do you transport physically disabled individuals? If yes, what percentage of the time? _____
- * 22. ☐ Yes ☐ No Are vehicles equipped with a fare box or meter? If yes, which vehicles? _____
- * 23. ☐ Yes ☐ No Do you have a scheduled route?
- * 24. ☐ Yes ☐ No Do you ever transport unscheduled passengers?

Ambulance and Medical Transportation

25. ☐ Yes ☐ No Do autos without lights and sirens have lifts, ramps or wheelchair tie downs? If yes, which autos? _____
26. ☐ Yes ☐ No Are any autos operated 24 hours per day? If yes, which autos? _____
27. ☐ Yes ☐ No Are you the primary response unit for emergency (911) calls?
28. What percent of your ambulance dispatches are Emergency (Code 3 or 4)? _____
29. What percent of your ambulance dispatches are Non-Emergency (Code 1 or 2)? _____

Driver Training

30. ☐ Yes ☐ No Is operation part of a school curriculum?
31. ☐ Yes ☐ No Is class room instruction given?
32. ☐ Yes ☐ No Are autos equipped with dual controls? If no, which autos do not have dual controls? _____

Loss Experience

- * 33. ☐ Yes ☐ No Have you ever been declined, canceled or non-renewed for this kind of insurance?
If yes, explain _____
- * 34. ☐ Yes ☐ No Have you previously had commercial auto insurance?
If yes, name of prior insurance company _____
- * Number of accidents in the past 3 years _____
- * Include loss runs or provide details of losses _____

Drivers

	Name	Date of Birth	License			Experience	
			State	Number	Type	Type of Unit	# of Years
*	1 SAMUEL DAVIS SR						
*	2 MYRA DAVIS						
	3						
	4						
	5						

	Name	Accidents and Minor Moving Traffic Violations in Past 3 Years				Major convictions (DWI/DUI, hit & run, reckless, driving while suspended/revoked)	
		# of Accidents	Date(s)	# of Violations	Date(s)	Describe conviction	Date(s)
*	1 SAMUEL DAVIS SR						
*	2 MYRA DAVIS						
	3						
	4						
	5						

* 35. ☐ Yes ☐ No Are drivers covered by workers compensation?

Vehicles

	Year, Make, Model VIN	Body Style (Taxi, Ambulance, Hearse, etc.)	Original Mfg Seating Capacity	Garaging Address	Radius	Annual Mileage	Length of Stretch (Limo)	Emergency Lights & Sirens (S), Wheelchair Equip. (W)
*	1 2016 MERCEDES BENZ E-CLASS WDDHF5KB1GB187959	Other -	5		150			
	2							
	3							
	4							
	5							
	6							

Veh. #	Physical Damage				Loss Payee (L) or Additional Insured-Lessor (A)
	Stated Amount**	Comp (C) Spec (S)	C/S Ded.	Collision Ded.	
1	40,000	C	500	500	
2					
3					
4					
5					
6					

**Include the value of A/V equipment permanently installed in the vehicle

Filings (complete if filings are being requested)

36. ☐ Yes ☐ No Is an FHWA filing required? If yes, MC number _____
 What authority do you have? ☐ Broker ☐ Common ☐ Contract
37. If you hold a broker's license, identify name filed with FHWA, FHWA docket number, and receipts from brokerage operations _____
38. If you are an interstate regulated carrier, identify your registration or base state _____
39. ☐ Yes ☐ No Is an intrastate filing needed? If yes, show state and permit number _____
40. ☐ Yes ☐ No Is MCS 90 endorsement needed?
41. ☐ Yes ☐ No Is our policy to cover all vehicles owned, operated or under lease to applicant?
 If no, explain _____
42. ☐ Yes ☐ No Do you enter Canada? If yes, where? _____
43. ☐ Yes ☐ No Do you enter Mexico? If yes, where? _____
44. ☐ Yes ☐ No Have you ever changed your operating name? If yes, explain _____
45. ☐ Yes ☐ No Do you operate under any other name? If yes, explain _____
46. ☐ Yes ☐ No Do you operate as a subsidiary of another company? If yes, explain _____
47. ☐ Yes ☐ No Do you own or manage any other transportation operations that are not covered?
 If yes, explain _____
48. ☐ Yes ☐ No Do you lease your authority? If yes, explain _____
49. ☐ Yes ☐ No Do you appoint agents or hire independent contractors to operate on your behalf?
 If yes, explain _____
50. ☐ Yes ☐ No Do you have agreements with other carriers for the interchange of vehicles or transportation of passengers?
 If yes, attach a copy of the current agreement and complete the following:
 With whom has such agreement(s) been made? _____
51. ☐ Yes ☐ No Do the parties named above carry automobile liability insurance?
 If yes, name of insurance company and limits of liability _____
 Under whose permit does each of the parties to the agreement(s) operate? _____
52. ☐ Yes ☐ No Is there a Hold Harmless in the agreement?
53. ☐ Yes ☐ No Do you barter, hire or lease any vehicles? If yes, explain _____

Additional Comments: _____

Quote #: 9785989

OFFER OF OPTIONAL ADDITIONAL UNINSURED MOTORIST COVERAGE AND OPTIONAL UNDERINSURED MOTORIST COVERAGE

I. EXPLANATION OF COVERAGES

The State of South Carolina's automobile insurance laws now allow any insurance company to refuse to underwrite your automobile liability insurance coverage. That refusal may be based upon a number of reasons. **Automobile liability insurance coverage** pays other motor vehicle drivers and their passengers whom you damage for the damages which you cause and for which you are legally responsible. There are two types of automobile liability insurance coverage: bodily injury and property damage. **Bodily injury coverage** is a coverage which pays people upon whom your motor vehicle inflicts bodily injury. **Property damage coverage** is a coverage which pays people for damages which your automobile causes to their motor vehicles or property.

Once any insurance company makes the business decision to underwrite your automobile liability insurance coverage, then it must provide to you at least \$25,000.00 of bodily injury coverage for each person whom you may injure in any single accident and \$50,000.00 of bodily injury coverage for two or more people whom you may injure in any single accident. The insurance company must also provide to you at least \$25,000.00 in property damage coverage for each accident which you may cause. You may have seen these limits described as \$25,000/\$50,000/\$25,000 or 25/50/25. These limits are commonly known as **minimum limits**. If you purchase automobile liability insurance, then, in order to drive your automobile upon the roads of this State, you must have at least minimum limits.

There is no requirement under the laws of this State that an insurance company which underwrites your minimum limits of \$25,000/\$50,000/\$25,000 must also agree to underwrite higher than those minimum limits of automobile liability insurance coverage for you. If your insurance company does agree to offer to you more than the minimum limits, then you will be required to pay an increased automobile insurance premium for those increased limits of protection.

In addition, under this State's insurance laws, once an insurance company agrees to underwrite your automobile liability insurance coverage, you must be offered, at your option, two additional automobile insurance coverages which will protect *you* in the event *you* are damaged in an automobile accident by an at-fault automobile driver who either has no automobile insurance or whose automobile insurance liability limits are less than the damages which you suffer in that accident. These coverages are legally termed additional uninsured motorist coverage and underinsured motorist coverage. You may see them referred to within your automobile insurance policy as UM and UIM. If you decide to purchase either of these two optional coverages, then you will be required to pay an additional automobile insurance premium for each of these additional coverages.

Uninsured motorist coverage compensates you, or other persons insured under your automobile insurance policy, for amounts which you may be legally entitled to collect as damages from an owner or operator of an at-fault uninsured motor vehicle. An uninsured motor vehicle is a motor vehicle which either has no liability insurance coverage or is operated by a hit-and-run driver. By law, your automobile insurance policy automatically must provide uninsured motorist coverage of \$25,000/\$50,000/\$25,000. All uninsured motorist coverages provide for a \$200 deductible for uninsured property damage claims.

You also have the right to buy **additional** uninsured motorist coverage, in various limits, up to the limits of the liability coverage which you will carry under your automobile insurance policy. Some of the more commonly-sold limits of additional uninsured motorist coverage, together with the additional premiums which you will be charged, have been printed by your insurance company upon this form. If there are other limits in which you are interested, but which are not shown upon this form, then fill in those limits in the blanks provided. If your insurance company is allowed to market those limits within this State, then your insurance agent will fill in the amounts of increased premium.

Quote #: 9785989

Underinsured motorist coverage compensates you, or other persons insured under your automobile insurance policy, for amounts which you may be legally entitled to collect as damages from an owner or operator of an at-fault underinsured motor vehicle. An underinsured motor vehicle is a motor vehicle which is covered by some form of liability insurance, but that liability insurance coverage is not sufficient to fully compensate you for your damages.

Your automobile insurance policy does not automatically provide any underinsured motorist coverage. However, you have the right to buy underinsured motorist coverage in limits up to the limits of liability coverage which you will carry under your automobile insurance policy. Some of the more commonly-sold limits of underinsured motorist coverage, together with the additional premiums you will be charged, have been printed by your insurance company upon this form. If there are other limits in which you are interested, but which are not shown upon this form, then fill in those limits in the blanks provided. If your insurance company is allowed to market those limits within this State, then your insurance agent will fill in the amounts of increased premium.

It is important that you understand that, *if you reject* either one of these coverages upon this form and if you are involved in an automobile accident, then this form may be used by your insurance company as *evidence against you* if it denies your claim for additional uninsured motorist coverage or underinsured motorist coverage.

If you do not complete this form and return it to your insurance company or to your insurance agent within 30 days from your receipt of this form, then the law requires that additional uninsured motorist coverage and underinsured motorist coverage, in the same limits as the automobile liability insurance which you purchase, must be automatically added on to your automobile insurance policy. You will be required to pay an additional premium for each of these two coverages. If you do not pay that additional premium, then your automobile insurance policy may be cancelled.

In the future, if you wish to increase or to decrease your limits either of additional uninsured motorist coverage or of underinsured motorist coverage, *you* must then contact either your insurance agent or your insurance company. You will not be presented with another copy of this form by your insurance agent or by your insurance company upon renewal of your automobile liability insurance policy. You will not be presented with another copy of this form by your insurance agent or by your current insurance company when you extend, change, supersede, or replace your automobile liability insurance policy.

Please read this form carefully. Your insurance agent or your insurance company *must* answer any questions which you may have. If you have any further questions, then you should contact the State of South Carolina Department of Insurance. Its address and telephone number are:

Office of Consumer Services
State of South Carolina Department of Insurance
Capitol Center
1201 Main Street, Suite 1000
Post Office Box 100105
Columbia, South Carolina 29202-3105
(803) 737-6180
(800) 768-3467
E-mail Address: consumers@doi.sc.gov

RED CARPET LIMOUSINE SERVICE
LLC

Quote #: 9785989

M-5638 (08/2011)

II. OFFER OF ADDITIONAL UNINSURED MOTORIST COVERAGE

<u>Limits of Coverage</u>	<u>Premium Cost</u>
\$25,000 / \$50,000 / \$25,000	\$364
\$30,000/ \$60,000/ \$25,000	\$390
\$50,000/ \$100,000/ \$25,000	\$476
\$50,000/ \$100,000/ \$50,000	\$486

Your Policy's Liability Coverage Limits:

\$75,000 CSL \$480

☐ I reject additional Uninsured Motorist Coverage

☒ I select additional Uninsured Motorist Coverage at the following limits: \$75,000 CSL

III. OFFER OF UNDERINSURED MOTORIST COVERAGE

<u>Limits of Coverage</u>	<u>Premium Cost</u>
\$25,000 / \$50,000 / \$25,000	\$364
\$30,000/ \$60,000/ \$25,000	\$390
\$50,000/ \$100,000/ \$25,000	\$476
\$50,000/ \$100,000/ \$50,000	\$486

Your Policy's Liability Coverage Limits:

\$75,000 CSL \$480

☐ I reject additional Underinsured Motorist Coverage

☒ I select additional Underinsured Motorist Coverage at the following limits: \$75,000 CSL

IV. APPLICANT'S ACKNOWLEDGEMENT

By my signature, I acknowledge that I have read – or I have had read to me – the above explanations and offers of additional uninsured motorist coverage and underinsured motorist coverage. I have indicated whether or not I wish to purchase each coverage in the spaces provided. I understand that the above explanations of these coverages are intended only to be brief descriptions of additional uninsured motorist coverage and underinsured motorist coverage, and that payment of benefits under either of these coverages is subject both to the terms and conditions of my automobile insurance policy and to the State of South Carolina's laws.

Type or Print Your Name: _____

Your Signature: _____

Today's Date: _____

Your Address: _____

MUST BE SIGNED BY THE APPLICANT PERSONALLY

No coverage is bound until the Company advises the Applicant or its representative that a policy will be issued and then only as of the policy effective date and in accordance with all policy terms. The Applicant acknowledges that the **Applicant's Representative** named below is acting as Applicant's agent and not on behalf of the Company. The Applicant's Representative has no authority to bind coverage, may not accept any funds for the Company, and may not modify or interpret the terms of the policy.

The Applicant agrees that the foregoing statements and answers are true and correct. The Applicant requests the Company to rely on its statements and answers in issuing any policy or subsequent renewal. The Applicant agrees that if its statements and answers are materially false, the Company may rescind any policy or subsequent renewal it may issue.

If any jurisdiction in which the Applicant intends to operate or the Federal Highway Administration requires a special endorsement to be attached to the policy which increases the Company's liability, the Applicant agrees to reimburse the Company in accordance with the terms of that endorsement.

The Applicant agrees that any inspection of autos, vehicles, equipment, premises, operations, or inspection of any other matter relating to insurance that may be provided by the Company, is made for the use and benefit of the Company only, and is not to be relied upon by the Applicant or any other party in any respect.

The Applicant understands that an inquiry may be made into the character, finances, driving records, and other personal and business background information the Company deems necessary in determining whether to bind or maintain coverage. Upon written request, additional information will be provided to the Applicant regarding any investigation.

The Applicant represents that she/he has completed all relevant sections of this Application prior to execution and that the Applicant has personally signed below (or if Applicant is a Corporation, a corporate officer has signed below).

☐ Yes ☐ No Will premium be financed? If yes, with whom _____

THE INSURER CAN CANCEL THIS POLICY FOR WHICH YOU ARE APPLYING WITHOUT CAUSE DURING THE FIRST 90 DAYS. THAT IS THE INSURER'S CHOICE. AFTER THE FIRST 90 DAYS, THE INSURER CAN ONLY CANCEL THIS POLICY FOR REASONS STATED IN THE POLICY.

Witness

Applicant's Signature

Date

Insured Contact Information

Name _____

Name _____

Phone Number _____

Phone Number _____

Email Address _____

Email Address _____

Relationship _____

Relationship _____

TO BE COMPLETED BY APPLICANT'S REPRESENTATIVE

☐ Yes ☐ No Is this direct business to your office? If not, explain _____

☐ Yes ☐ No Is this new business to your office? If not, how long have you had the account? _____

How long have you known applicant? _____

REQUEST TO COMPANY GENERAL AGENT:

☐ Please quote ☐ Please bind at earliest possible date and issue policy

☐ Please issue policy effective _____ Coverage was bound by _____
(Time and Date Bound by General Agent) (Name of Person in Company General Agency's Office Binding Coverage)

Applicant's Representative's Name and Address

Phone No.



Johnson & Johnson
Preferred Financing

JOHNSON & JOHNSON PREFERRED FINANCING, INC.

PREMIUM FINANCE SECURITY AGREEMENT

Physical Address 200 Wingo Way, Ste 200, Mt Pleasant SC 29464 — Mailing address PO Box 26009, Greensboro NC 27420

Phone: 800-868-5573

Fax: 843-724-7085

FOR PROCESSING
MAIL TO:
PO BOX 26009
GREENSBORO NC 27420

Fax:
843-724-7085

Email:
finance@jjpf.com

AGENT/BROKER THE BAXTER AGENCY PO BOX 327 GOOSE CREEK, SC 29445 (843) 797-0505		BORROWER RED CARPET LIMOUSINE SERVICE LLC 122 AYLESBURY RD GOOSE CREEK, SC 29445	
Producer Code 801324		No Phone Number Supplied	

A.	TOTAL PREMIUM	G. Non Refundable Set Up Fee \$20.00					PAYMENT SCHEDULE	
	\$5,480.00	NUMBER OF INSTALLMENTS		AMOUNT OF EACH INSTALLMENT		WHEN PAYMENTS ARE DUE		
B.	DOWN PAYMENT	8		\$476.51		FIRST INSTALLMENT DUE 11/3/2019		
	\$1,918.00					INSTALLMENT DUE DATES 3rd		
C.	AMOUNT FINANCED	SCHEDULE OF POLICIES						
	\$3,562.00							
D.	FINANCE CHARGE Total of Box F plus Box G	POLICY NUMBER	POLICY EFFECTIVE DATE	INSURANCE COMPANY AND MANAGING GENERAL AGENT		TYPE OF COVERAGE	POLICY TERM (months)	GROSS PREMIUM
	\$250.08	1483379	10/3/2019	Johnson & Johnson Inc		J&J Transportation	12	\$5,480.00
E.	TOTAL OF PAYMENTS The amount you will have paid after you make all payments as scheduled. (C + D)					FIN TXS/FEEES		\$0.00
	\$3,812.08					ERN TXS/FEEES		\$0.00
F.	APR Cost of finance charge at a yearly rate inc setup fee	TOTAL PREMIUMS MUST AGREE WITH BOX "A" ABOVE >>>>						\$5,480.00
	18.3956%	SEE PAGE 3 FOR ADDITIONAL PREMIUMS >>>>						

Quote Number: 3652678	JJPf LICENSE NUMBER: 101563
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TO THE BORROWER:

If you sign below, you acknowledge receipt of a copy of this Agreement and you agree to the provisions, BOTH ON THE FIRST AND THE SECOND PAGE OF THIS AGREEMENT. You further agree that you are appointing LENDER your ATTORNEY-IN-FACT to cancel the policies outlined in the Agreement. You further agree that electronic or digital transmissions of this document including but not limited to facsimile transmissions shall be legally binding

IF FOR ANY REASON YOU DO NOT RECEIVE YOUR PAYMENT COUPONS OR INVOICE FOR INSTALLMENTS DUE, YOU MUST STILL MAKE YOUR PAYMENTS ON THE ABOVE DUE DATE TO THE ABOVE ADDRESS. I UNDERSTAND THAT BY SIGNING THIS AGREEMENT I SHALL BE BOUND FINANCIALLY TO THE TERM AND CONDITIONS OF THE CONTRACT.

X

SIGNATURE OF BORROWER(S) OR DULY AUTHORIZED BORROWER(S)

DATE

PRINTED NAME

BORROWERS PHONE NUMBER

PRODUCERS WARRANTIES AND REPRESENTATIONS:

THE UNDERSIGNED WARRANTS AND GUARANTEES:

(1) The Borrower has received a copy of this Agreement, and the Required Federal Truth-in-Lending disclosures for Personal Lines Insurance, if applicable, (2) The policies herein are in full force and effect and the information in the schedule of policies and the premiums are correct, (3) The Borrower has authorized this transaction and recognizes the security interest assigned herein, (4) The Down Payment shown above has been paid by or on behalf of the Borrower, and the Total Premium shown above has been or will be used to purchase insurance policies shown in the Schedule of Policies. (5) There are no exceptions to the policies other than those indicated and the policies comply with LENDER's eligibility requirements. (6) NO AUDIT OR REPORTING FORM POLICIES, POLICIES SUBJECT TO RETROSPECTIVE RATING OR TO MINIMUM EARNED PREMIUMS ARE INCLUDED EXCEPT AS INDICATED AND THAT THE DEPOSIT OR PROVISIONAL PREMIUMS ARE NOT LESS THAN THE ANTICIPATED PREMIUMS TO BE EARNED FOR THE FULL TERM OF THE POLICIES, IF POLICY IS SUBJECT TO A MINIMUM EARNED PREMIUM IT IS (7) The policies can be cancelled by the Borrower of the company on 10 days notice and the unearned premiums will be computed on the standard short rate or pro rata table except as indicated. Upon cancellation of any of the Scheduled Policies, Producer shall remit to LENDER the full amount of the unearned premium, including unearned commission as well as any other payments or credits received by Producer, up to the unpaid balance due under this Agreement, within 15 days of receipt. (8) The undersigned represents that a proceeding in bankruptcy, receivership or insolvency has not been instituted by or against the named Borrower or if the named Borrower is the subject of such a proceeding, it is noted on this Agreement in the space in which the Borrower's name and address is placed.

X

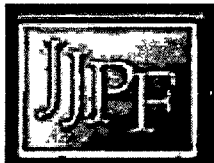
SIGNATURE OF AGENT OR BROKER

DATE

PRINTED NAME

PROVISIONS OF YOUR SECURITY AGREEMENT

1. **PROMISE OF REPAYMENT:** The borrower request LENDER to pay the premiums on the policies shown on the reverse. The Borrower promises to pay to LENDER at its office the amount stated in Block E above, according to the Payment Schedule shown on the reverse, subject the rest of the terms of this Security Agreement.
2. **SECURITY INTEREST:** The Borrower assigns to LENDER as security for the total amount payable in this Agreement any and all unearned premiums and dividends which may become payable under the insurance policies and loss payments which reduce the unearned premiums, subject to any mortgagee or loss payee interests. The Borrower gives to LENDER a security interest in all items mentioned in this paragraph.
3. **DEFAULT CHARGES:** Borrower agrees that if any installment is more than 5 days past due, or minimum number of days premitted by state law, it will pay to LENDER a delinquency charge in an amount up to the maximum permitted by applicable state law. Borrower agrees if default results in cancellation to pay the maximum allowable cancellation charge allowed by applicable state law.
4. **FINANCE CHARGES:** The finance charge, show in Box "D" on the front side of this Agreement, begins to accrue on the earliest possible date allowed by applicable state law and continues until all funds are paid in full. Refer to box F plus box G on the security agreement for total.
5. **WARRANTY OF ACCURACY:** The borrower warrants to LENDER that the insurance policies listed in the above schedule have been issued to the borrower and are in full force and effect and that the borrower has not assigned any interest in the policies except for the interest of mortgagees and loss payees.
6. **REPRESENTATION OF SOLVENCY:** The Borrower represents that it is not insolvent or presently the subject of any insolvency proceeding.
7. **CANCELLATION:** LENDER may cancel the insurance policies and the unpaid balances due to LENDER shall be immediately payable by the Borrower if any of the following occur: (a) The Borrower does not pay any installment according to the terms of this Agreement; (b) The borrower does not comply with any of the terms of this Agreement; (c) The Borrower or the Insurer voluntarily or involuntarily becomes the subject of a bankruptcy, receivership or any other kind of insolvency proceeding; (d) if the Borrower is a business and stops doing business or ceases to be qualified to do business. LENDER at its option may enforce payment of this debt without recourse to the security given to LENDER.
8. **POWER OF ATTORNEY - LIMIT OF LIABILITY:** The Borrower irrevocably appoints LENDER, or its successors or assigns, its Attorney-in-Fact with full authority to cancel the insurance policies, or any renewal thereof, to receive all sums assigned to LENDER or in which it has granted LENDER a security interest and LENDER may execute and deliver on the Borrower's behalf all documents, instruments of payment, forms and notices of any kind relating to the insurance policies in furtherance of this Agreement. LENDER's liability to any person or corporation on the exercise of its authority to cancel the insurance policies is limited to the amount of the principal balance, except if LENDER willfully fails to deliver the notices required by law. When LENDER effects cancellation in accordance with state law, the Borrower will be responsible for attorney's fees and other cost in any unsuccessful action filed as a result thereof to the extent permitted by applicable state law.
9. **MONEY RECEIVED AFTER NOTICE OF CANCELLATION:** Any payment made to LENDER after LENDER's Notice of Cancellation of the Insurance policies has been delivered may be credited to the Borrower's account without affecting the acceleration of this Agreement and without any liability or obligation on the LENDER's part to request reinstatement of the canceled policies. Any money LENDER receives from an insurance company shall be credited to the amount due LENDER with any surplus being paid to whomever is entitled to the money. No refund of less than \$1.00 shall be made. If there is a balance due after LENDER receives the unearned premiums, dividends or loss payments from the insurance company then the Borrower will pay the balance to LENDER with interest at the rate show on the agreement.
10. **PREPAYMENT:** Borrower has the right to prepay the entire outstanding balance in full at any time before the due date of the final installment. Upon prepayment in full, or upon cancellation and full payment to LENDER, Borrower will be entitled to receive a refund of the Finance Charge to be computed by the Rule of 78's ("Sum of the Years Digits") method, or as required or permitted by the applicable law, after deducting any fully earned charge permitted by law. If cancellation occurs, the Borrower agrees to pay a Finance Charge on the balance due at the rate on the reverse side of this Agreement until it is paid in full, or until such other date as is required by applicable state law. Borrower agrees to pay LENDER reasonable attorney's fees and collection cost under the terms and condition hereof and to the extent and amount permitted by applicable state law.
11. **INSURANCE AGENT OR BROKER:** The insurance agent or broker named on this Agreement is the Borrower's agent, not LENDER's and LENDER is not legally bound by anything the agent or broker represents to the Borrower, orally or in writing.
12. **SPECIAL INSURANCE POLICIES:** If the insurance policy issued to the borrower is auditable or is a reporting form policy or subject to retrospective rating, then the Borrower promises to pay the insurance company the earned premium computed in accordance with the policy provisions which is in excess of the amount of the premium advanced by LENDER which the insurance company retains.
13. **SUCCESSORS AND ASSIGN:** All legal rights given to LENDER shall benefit LENDER's assign. The Borrower will not assign the policies without LENDER's written consent except for the interest of mortgagees and loss payees.
14. **MISSING AND INCORRECT INFORMATION:** If the policy has not been issued at the time of signing this Agreement, then the Borrower agrees the name of the insurance company, and the policy numbers of the insurance policies may be left blank and may be subsequently inserted in this Agreement. In addition, Borrower authorized LENDER or the agent or broker to correct on this Agreement at any time, if incorrect, the name of the insurance companies, the policy numbers and the installment due dates. LENDER will notify the Borrower of the corrected and/or inserted information.
15. **ADDITIONAL PREMIUMS:** The money paid by LENDER is only for the premium as determined at the time the insurance policy is issued. LENDER's payment shall not be applied by the insurance company to pay for any additional premiums owed by the insured as a result of any type of misclassification of this risk. The Borrower agrees to pay the company any additional premiums which become due for any reason. LENDER may assign to the company any rights it has against the Borrower for premiums due the company in excess of the premium returned to LENDER.
16. **AGENT'S WARRANTIES:** To convince LENDER to enter this Agreement and accept the security underlying this Agreement, the person executing this Agreement, if not the Borrower, warrants severally and as the duly authorized agent of the Borrower: that he is the duly authorized agent of the Borrower appointed specifically to enter into this transaction on the Borrower's behalf; that he can perform any act the Borrower could or should perform with respect to this transaction: that he will hold in trust for LENDER any payments made or credit to the Borrower through the undersigned or to the undersigned, directly, indirectly, actually or constructively by any of the insurance companies and that he will pay the monies to LENDER upon demand to satisfy the then outstanding indebtedness of the Borrower.
17. **ASSIGNMENT:** All of LENDER's rights under this Agreement shall inure to its successors and assign. This Agreement may not be assigned by the borrower except as provided for in this Agreement.
18. **DOCUMENT AND GOVERNING LAW:** This document is the entire Agreement between LENDER and the Borrower and can only be changed in writing and signed by both parties. The laws of the state of Borrower's residence as set forth above will govern this Agreement. If any provision of this Agreement is held to be invalid or unenforceable, the validity and enforceability of the remaining provisions shall not be impaired.
19. **SERVICE CHARGE:** The maximum service fee allowable by state regulations will be charged on all returned checks. This same fee will also be assessed if the Insured authorizes a payment from a deposit account through an electronic funds transfer or some method other than a paper check signed by the Insured, and the Insured's bank or financial institution where the deposit account is maintained refuses to honor such withdrawal or payment request because there are insufficient funds in the account.



Johnson & Johnson Preferred Financing, Inc,
Processing Address: PO Box 26009, Greensboro NC 27420-6009
Phone: 800-868-5573 --- FAX: 843-724-7085 --- Email: finance@jjpf.com

ACCOUNT INFORMATION FORM

SECTION 1: ACCOUNT INFO

NAME: RED CARPET LIMOUSINE SERVICE LLC

JJPF ACCT # OR CONTRACT ID: 3652678

Mailing Address: _____

City: _____ State _____ Zip Code: _____

Daytime Phone: _____

- Note: Listing your correct address and phone number on this form does not obligate you to pay your down payment electronically or set up your installments on Automatic Bill Pay – it's our way of collecting accurate data.

SECTION 2: ELECTRONIC DOWN PAYMENT (optional)

ELECTRONIC DOWN PAYMENT INFORMATION

By filling out this section and returning it with your signed finance agreement to JJPF, you authorize Johnson & Johnson Preferred Financing to process your down payment from the checking /savings account information listed below. For accuracy include a copy of a voided check.

Bank Routing Number (9 digits) _____

Checking/Savings Account Number: _____

Amount to Draft for Down Payment: _____

Select one: _____ INSURED'S BANK ACCOUNT _____ AGENT'S BANK ACCOUNT

Signature: _____ Date: _____

SECTION 3: AUTOMATIC BILL PAY AUTHORIZATION (optional)

YES! Sign me up for free Automatic Bill Payment

I authorize JJPF to initiate monthly deductions (withdrawals) from my checking/savings account as payments on my account balance become due until the balance is paid in full. I authorize the financial institution on which my checking account is drawn to accept the deductions initiated by JJPF. I have the right to terminate this authorization at any time by notifying JJPF in writing.

Bank Routing Number (9 digits) _____

Checking Account Number: _____

Signature: _____ Date: _____

IMPORTANT: FOR ACCURACY PLEASE ATTACH A VOIDED CHECK

Should you have questions, a representative of JJPF is ready to assist you! Call us at 800-868-5573